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Safe Infant Sleep

Clinical Practice Resource

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This is a clinical guideline only, intended for use by perinatal health professionals. Practices may differ across facilities, depending on available resources and prescriber preference. All policies and procedures must be approved by the appropriate processes within each facility/Nova Scotia Health (i.e.: Maternal/Child or Perinatal Committee, Medical Advisory Committee, etc.).

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Safe Infant Sleep: Clinical Practice Resource

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RCP's mission is to advocate for and promote excellence and evidence informed practices in reproductive/perinatal and newborn health; this includes the promotion of safe infant sleep both in hospital and community settings. Over the past several decades professional bodies, hospitals, public health, and community-based groups in Nova Scotia and across Canada have been working together to create messages for families and providers regarding safe infant sleep. The primary aim is to reduce sleep related harm such as Sudden Infant Death Syndrome (SIDS). This resource, in keeping with principles of family centered care and baby friendly hospitals, should serve as a guide for perinatal care providers to educate and support families to make informed decisions about safe sleep practices and harm reduction approaches.

Current Recommendation:

All families should be provided with education about safe sleep practices in the home environment prior to discharge from hospital (Canadian Pediatric Society, 2014/reaffirmed 2020; 2018). Ideally this information is introduced to families as part of antenatal education then reviewed and reinforced during the hospital stay. Education should be consistent with the recommendations in the 2021 Joint Statement on Safe Sleep released from the Public Health Agency of Canada, Health Canada, the Canadian Pediatric Society, and Baby's Breath Canada.

Sudden Infant Death Syndrome (SIDS)

SIDS is defined as the “sudden death of an infant under one year of age, which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history” (Willinger, James, & Catz, 1991, p.681).

Since the introduction of the Back to Sleep campaign in 1999 the rates of SIDS have decreased by 50%. Since 2012 SIDS has been classified as an undetermined cause of death. These deaths, which include SIDS, account for 2.8% of infant mortality between 28 days to 1 year, and in 2019 was the 15th ranked leading cause of death of all infants from birth to 1 year of age (Statistics Canada, 2020). Though our understanding of SIDS has increased over recent decades, and rates of occurrence have reduced, we still do not know what causes SIDS. What we do know is that there are some modifiable risk factors that can lower the risk, with the two most important being sleep position and pre- and post-natal exposure to tobacco smoke. Other infant deaths that occur during sleep time can also be prevented by following recommendations to promote safe infant sleep.

Principles of Safe Sleep

In addition to SIDS there are other causes of death that occur while an infant is sleeping, including unintentional suffocation or asphyxiation due to overlay or entrapment. There is also a risk of falls related to unsafe sleeping arrangements. Some key modifiable factors that can reduce the risk of SIDS and other sleep related infant deaths or injuries include: preventing exposure to tobacco smoke, breastfeeding, supine sleep position, creating a safe sleep environment, and room sharing. The table below presents safe sleep messages to address these key modifiable risk factors along with harm reduction strategies. This messaging is intended to help guide perinatal care providers in giving evidence-based information to families to support them in making informed decisions about safe sleep for their babies.

	Safe Sleep Message	Harm Reduction Strategies
<p>Exposure to tobacco smoke</p>	<p>Be Smoke Free: Prevent exposure to tobacco smoke before and after birth to reduce the risk of SIDS.</p> <p>Smoking during pregnancy and/or after the baby is born increases the risk of SIDS.</p> <p>Infants exposed to second-hand or third-hand smoke after birth are at greater risk of SIDS. Chemicals from all forms of smoking build up and remain in the environment (on clothing, furniture, carpets, hair, skin, and other surfaces), and can last in the air and on surfaces for months, even with regular cleaning.</p> <p>Cannabis smoke contains many of the same harmful chemicals as tobacco smoke; avoiding infant exposure before and after birth are strongly advised.</p> <p>Vaping while pregnant exposes the fetus to nicotine and other harmful substances; until there is more evidence about the long term health effects it is safest to avoid vaping during pregnancy and exposing infants to second-hand vapour from vaping products.</p>	<p>The risk of SIDS with maternal smoking is dose dependent, so those who reduce the amount of cigarettes smoked during pregnancy can reduce the risk of SIDS, and those who stop smoking altogether will further reduce the risk.</p> <ul style="list-style-type: none"> • Pregnant individuals who smoke should attempt to reduce the number of cigarettes they smoke per day and/or consider nicotine replacement therapies. <p>Resources to support with smoking cessation: NSH Mental Health & Addictions Services Tobacco Free NS</p> <p>Take strategies to reduce infant exposure to second- and third-hand smoke:</p> <ul style="list-style-type: none"> • Continue to reduce the amount of cigarette smoking, and/or consider nicotine replacement therapies. • Make sure no one is smoking around your baby or where your baby may spend time (ex. house, car) • Breastfeed your baby before going outside to smoke • When smoking outside, wear clothing that can be removed, left outside, or kept away from your baby. • Wash your hands with soap and water after each time you smoke, before touching your baby.
<p>Breastfeeding</p>	<p>Breastfeeding is protective and is associated with a decreased risk of SIDS.</p> <p>Exclusive breastfeeding for the first 6 months is encouraged, and is associated with a decreased risk of SIDS.</p> <p>Resources to Support with Breastfeeding: Breastfeeding Basics (NS Public Health Services)</p>	<p>Breastfeeding for at least 2 months is associated with a reduction in the rate of SIDS by half, with greater protection provided with increased duration.</p> <ul style="list-style-type: none"> • Breastfeed your baby as much as you are able, for as long as you are able. • If you bring your baby into bed to breastfeed, they should be returned to their crib or bassinet in a safe sleep position before the parent falls back to sleep.
<p>Sleep Position</p>	<p>Place infants on their backs to sleep, for EVERY sleep, to reduce the risk of SIDS.</p> <p>Infants should be consistently placed on their backs for sleep, on a flat surface, without the use of any positioning aids. Prone or lateral sleep positions are associated with an increased risk of SIDS.</p>	

	<p>Supine positions do increase the occurrence of positional plagiocephaly. This condition can be prevented by positioning the infant at alternating ends of the crib to encourage the infant to equally turn on both sides of their head, looking to or away from light, sound, etc. Regular tummy time while awake also helps prevent plagiocephaly and promotes neck muscle development.</p>	
<p>Sleep Environment</p>	<p>A crib, cradle, or bassinet that meets current Canadian regulations is the safest place for an infant to sleep.</p> <p>Resources for Canadian Crib Regulations: Government of Canada - Crib Safety</p> <p>The baby is safest in their own sleep surface. Infants that sleep on surfaces that are not designed for their safe sleep are more likely to become trapped and are at higher risk of accidental suffocation and SIDS.</p> <p>A safe infant sleep environment:</p> <ul style="list-style-type: none"> • Has a firm, flat mattress with ONLY a fitted sheet. • Has no gaps between the mattress and the sides of the crib, cradle, or bassinet where the infant could become trapped. • Ensures infants are placed in their crib, cradle, or bassinet wearing only simple, fitted sleepwear that is comfortable for the room temperature. Overheating increases the risk of SIDS. Blankets and hats can cause baby to overheat and should be avoided inside. • Does not include swaddling as it is not recommended. • Is free of all other items: No soft bedding, blankets, bumper pads, toys, diapers, positioning aids, etc. These items increase the risk of suffocation. • Twins should ideally have their own sleep surfaces <p>Infants should not be left in products that keep them in a sitting/inclined position while sleeping; this includes car seats,</p>	<p>Blankets:</p> <ul style="list-style-type: none"> • If any blankets are used they should be thin, light weight, and made of breathable material such as cotton or muslin. • If you use a blanket, place baby with their feet to the foot of the crib, tuck the blanket securely around the end and sides of the mattress and pull the blanket up only to the baby's chest. <p>Swaddling:</p> <ul style="list-style-type: none"> • If you choose to swaddle, use only a light cotton or muslin blanket to reduce the risk of overheating. • Only swaddle from the shoulders down, with hands, or entire arm, out. • Swaddle loose enough that you can fit two fingers between the blanket and the baby's chest, and loose enough around the hips that the baby can bend and move their legs. <p>Sleep Sacks:</p> <ul style="list-style-type: none"> • If used they should be properly fit to the size of your baby. • Head and arm holes should be snug so that the infant will not wiggle down into the sack. • Should not be too tight around the baby's chest. You should be able to fit two fingers between the baby's chest and the sack. • Be loose around the legs and hips to allow comfortable movement. • Should have NO drawstrings, buttons, ribbons, tight elastics, or any hoods/collars around the baby's face. <p>Car seats, Swings, bouncers:</p> <ul style="list-style-type: none"> • If your baby falls asleep in the car while travelling, they should be moved from the

	<p>strollers, swings, etc. The infant's head can fall forward, chin to chest, obstructing their airway and making it hard to breathe.</p>	<p>car seat to their crib, cradle, or bassinet as soon as you arrive to your destination.</p> <ul style="list-style-type: none"> • If your baby falls asleep in a swing or bouncy chair they should be moved to their crib, cradle, or bassinet. • These items are not intended for unsupervised sleep. <p>Babywearing, Slings & Carriers:</p> <ul style="list-style-type: none"> • Babies often fall asleep when being carried and held close to their parent. • Make sure they are held in an upright position. If positioned incorrectly their chin may fall forward obstructing their airway. • Make sure their face is visible at all times and is not pressed into your body, clothing, or the carrier. • Check your baby often for overheating.
<p>Room sharing vs. Bed sharing</p>	<p>Infants that share a room with their parent/caregiver have a lower risk of SIDS.</p> <p>Room sharing is when an infant sleeps in their own crib, cradle or bassinet in the same room and near the parent/caregiver's bed. Room sharing for the first 6 months, when the risk of SIDS is highest, reduces this risk.</p> <p>Bed sharing increases the risk of SIDS and suffocation, and is therefore not recommended. The safest place for baby to sleep is in their own crib, cradle, or bassinet.</p> <p>Bed sharing refers to sharing a sleep surface with the infant and is not recommended due to the increased risk of SIDS, accidental suffocation, and overheating. The risk is highest when:</p> <ul style="list-style-type: none"> • The infant is less than 4 months old, or was born preterm or with a low birth weight. • There was any smoking during pregnancy, the person sharing the bed with the infant is a smoker, or there is any smoking in the home. • The person sharing the bed with the infant has taken alcohol or drugs. • The person sharing the bed with the infant has taken any medication that 	<p>Families who make an informed choice to bed share, or end up occasionally bed sharing even when it was not planned, should take steps to reduce the risk of harm:</p> <ul style="list-style-type: none"> • Wait until the infant is at least 4 months old. • The infant is placed on their back for sleep. • The mattress is firm – NO pillow tops, feather tops, sagging mattresses, or waterbeds. • The mattress is placed on the floor to reduce the risk of falls. • The space where the infant is sleeping is free of/far from any pillows, duvets, blankets, or any loose bedding. • The infant is not swaddled. • The infant sleeps on the outside of the bed, not between parents. • There is space around the bed so the infant can not get trapped between the bed and the wall or any other furniture. • Both parents are aware that the infant is in the bed and they are both comfortable with the decision. • Other children or pets are not sharing the bed. • The infant is NEVER left alone in an adult bed. • It is NEVER safe for a baby to sleep on a couch or chair (alone or with a parent)

	<p>makes them tired or harder to wake up.</p> <ul style="list-style-type: none"> • The sleep surface is soft or has any loose bedding/blankets. • There is more than one person sharing the bed with the infant. <p>Some families end up bedsharing even when they did not plan to, or might choose to as a cultural, traditional, or personal preference. The risks of bedsharing should be explained so they can be carefully considered by the family.</p>	<p>Families should NOT Bed share if:</p> <ul style="list-style-type: none"> • They smoke • They have consumed alcohol or drugs • They are taking medications that make them tired or hard to wake • The infant was born preterm or had a low birth weight.
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